U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E (22205)	
DPOP DPOP	
1. File Number U - 1502 Z	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Michael D Daniels	Name LAborers' Local UNION 57
	Labor Organization File Number 005037
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 1816 & Pastorius Street	Street 500-506 N. 6th STreet
City Philadelphia	City Philadelphia
State FINNSYTVANIA ZIP Code +4 79138	State RENNSY/VANIA ZIP Code +4 19/23
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests
(except as specified in the exclu	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	usions set forth in the instructions): derived income or other economic benefit of
(except as specified in the exclusion (except as specified in the exclusion). A. Heid an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions): derived income or other economic benefit of
(except as specified in the exclusion of the except as specified in the exclusion of the except as specified in the exclusion. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	usions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Heid an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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(except as specified in the exclusions) A. Heid an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, If any).	9. Business deals with:
Name	Salerry .
Trade Name, If any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	· /
City City	
State ZIP Code +4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Caraca Control of the Control o	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City Cartes Control of the Control o	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above)	
or from any labor relations consultant to an employer any payment of money or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	NAture of Giff: UNSOLICITED
Name James J. Anderson Construction	Fruit Basket Christmas time
Trade Name, if any:	December 15,2004
P.O. Box, Bldg., Room No., If any Svite 200	Estimate: \$50.00 - VAlue
Street 6958 Torresdate Avenue	Fruit was place on lunch table
City Ahrladelphia	at work,
State PENNS //VANIA ZIP Code + 4 19135	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. VAlue UNKNOWN ESTimated 50.00